

CRITERIA FOR PRIOR AUTHORIZATION**Immunomodulators for Inflammatory Conditions**

PROVIDER GROUP: Pharmacy
Professional

MANUAL GUIDELINES: All dosage forms of the medications listed in table 2 below will require prior authorization.
All medication-specific criteria, including indication and use, age and safety criteria for each agent is defined in table 2 below.

CRITERIA FOR INITIAL APPROVAL FOR ALL PRODUCTS (MUST MEET ALL OF THE FOLLOWING):

- Medication requested must be prescribed for an FDA-approved indication and use.
- Medication must be prescribed within an FDA-approved age range.
- Medication must be prescribed by or in consultation with the appropriate prescriber specialty as specified in table 1.
- If the immunomodulator requested is a biologic or janus kinase inhibitor, patient must not be on concurrent biologic or janus kinase inhibitor therapy and should not have taken another biologic agent or janus kinase inhibitor (see table 3) in the past 30 days.
- Patient must be evaluated for latent tuberculosis (TB) with a TB skin test prior to initial prior authorization approval.
- As specified in table 2, prescriber must attest that all additional medication-specific safety criteria is met.
- Use of the PDL preferred drug is required unless the patient has a documented clinical rationale for using a non-preferred agent supported by the label.

CRITERIA FOR RENEWAL FOR ALL PRODUCTS (MUST MEET ALL OF THE FOLLOWING):

- Prescriber must attest that the patient has received clinical benefit from continuous treatment with the requested medication.
- As specified in table 2, prescriber must attest that all additional medication-specific safety criteria is met.

LENGTH OF APPROVAL: 12 months

TABLE 1. INDICATION-SPECIFIC PRESCRIBER SPECIALTY CRITERIA

Indication	Prescriber Specialty
Ankylosing spondylitis	Rheumatologist
Crohn's Disease	Gastroenterologist
Cytokine Releasing Syndrome	Rheumatologist
Familial Mediterranean Fever	Dermatologist or rheumatologist
Giant Cell Arteritis	Rheumatologist
Hidradenitis suppurativa	Dermatologist or rheumatologist
Juvenile idiopathic arthritis	Rheumatologist
Psoriatic arthritis	Dermatologist or rheumatologist
Plaque psoriasis	Dermatologist or rheumatologist
Rheumatoid arthritis	Rheumatologist
Ulcerative Colitis	Gastroenterologist
Uveitis	Ophthalmologist or rheumatologist
Diagnoses without prescriber specialty restriction: <ul style="list-style-type: none"> - Cryopyrin-Associated Periodic Syndromes (CAPS) - Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD) - Neonatal-Onset Multisystem Inflammatory Disease (NOMID) - Periodic Fever Syndromes - Pemphigus Vulgaris (PV) - Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS) - Wegener's Granulomatosis and Microscopic Polyangiitis (MPA) 	

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TABLE 2. IMMUNOMODULATORS FOR INFLAMMATORY CONDITIONS – MEDICATION-SPECIFIC CRITERIA.

(*Please note: FDA-approved age ranges are listed in numbered order corresponding to their applicable FDA-approved indication and use)

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Actemra® (tocilizumab) - Pharmacy - Professional	Indication/Use	1. Active polyarticular and systemic juvenile idiopathic arthritis 2. Moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs) 3. Chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome 4. Giant cell arteritis
	Age (years)*	1. ≥ 2 2. ≥ 18 3. ≥ 2 4. ≥ 18
	Safety Criteria	➤ Prior to initiation of therapy, patient must have: ANC $\geq 2,000$ cells/mm ³ , platelet count $\geq 100,000$ cells/mm ³ , normal LFTs (ALT/AST; 1.5 times the ULN is considered abnormal for therapy initiation). Documentation of ANC, platelets, LFTS and lipid parameters must be completed 4-8 weeks after initiation of therapy, then every 12 weeks (ANC, platelets, LFTS) and 24 weeks (lipid parameters) ➤ IV formulation: Dose does not exceed 800 mg per IV infusion
Amevive® (alefacept) - Pharmacy - Professional	Indication/Use	➤ Moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy
	Age (years)*	➤ ≥ 18
	Safety Criteria	➤ Patient does not have a diagnosis of HIV or AIDS ➤ Prior to initiation of therapy, patient's most recent CD ⁴ count must be > 250 cells/uL
Amjevita® (adalimumab-atto) - Pharmacy - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Moderately to severely active Crohn's disease who have had an inadequate response to conventional Crohn's therapy, or has a contraindication, allergy or intolerance to conventional therapy 3. Moderately to severely active polyarticular juvenile idiopathic arthritis 4. Active psoriatic arthritis 5. Moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate 6. Moderately to severely active rheumatoid arthritis 7. Moderately to severely active ulcerative colitis who have had an inadequate response to immunosuppressants such as corticosteroids, azathioprine or 6-mercaptopurine (6-MP)
	Age (years)*	1. ≥ 18 2. ≥ 18 3. ≥ 4 4. ≥ 18 5. ≥ 18 6. ≥ 18 7. ≥ 18
	Safety Criteria	N/A
Cimzia® (certolizumab) - Pharmacy - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Moderately to severely active Crohn's disease who have had an inadequate response to conventional Crohn's disease therapy, or has a documented contraindication, allergy or intolerance to conventional therapy 3. Active psoriatic arthritis 4. Moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy 5. Moderately to severely active rheumatoid arthritis
	Age (years)*	≥ 18
	Safety Criteria	N/A
Cosentyx® (secukinumab) - Pharmacy - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Active psoriatic arthritis 3. Moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy
	Age (years)*	≥ 18
	Safety Criteria	N/A

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TABLE 2 (CONT.). IMMUNOMODULATORS FOR INFLAMMATORY CONDITIONS – MEDICATION-SPECIFIC CRITERIA.

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Cyltezo™ (adalimumab-adbm) - Pharmacy - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Moderately to severely active Crohn’s disease who have had an inadequate response to conventional Crohn’s therapy, or has a contraindication, allergy or intolerance to conventional therapy 3. Moderately to severely active polyarticular juvenile idiopathic arthritis 4. Active psoriatic arthritis 5. Moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate 6. Moderately to severely active rheumatoid arthritis 7. Moderately to severely active ulcerative colitis who have had an inadequate response to immunosuppressants such as corticosteroids, azathioprine or 6-mercaptopurine (6-MP)
	Age (years)*	1. ≥ 18 2. ≥ 18 3. ≥ 4 4. ≥ 18 5. ≥ 18 6. ≥ 18 7. ≥ 18
	Safety Criteria	N/A
Enbrel® (etanercept) - Pharmacy - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Moderately to severely active polyarticular juvenile idiopathic arthritis 3. Psoriatic arthritis 4. Moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy 5. Moderately to severely active rheumatoid arthritis
	Age (years)*	1. ≥ 18 2. ≥ 2 3. ≥ 18 4. ≥ 4 5. ≥ 18
	Safety Criteria	N/A
Entyvio® (vedolizumab) - Professional	Indication/Use	1. Moderately to severely active Crohn’s disease who have had an inadequate response with, lost response to, or were intolerant to a tumor necrosis factor (TNF) blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids 2. Moderately to severely active ulcerative colitis who have had an inadequate response with, lost response to, or were intolerant to a TNF blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids
	Age (years)*	≥ 18
	Safety Criteria	N/A
Erelzi™ (etanercept-szzs) - Pharmacy - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Moderately to severely active polyarticular juvenile arthritis 3. Moderately to severely active rheumatoid arthritis
	Age (years)*	1. ≥ 18 2. ≥ 2 3. ≥ 18
	Safety Criteria	N/A

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TABLE 2 (CONT.). IMMUNOMODULATORS FOR INFLAMMATORY CONDITIONS – MEDICATION-SPECIFIC CRITERIA.

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Humira® (adalimumab) - Pharmacy - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy, or has a contraindication, allergy or intolerance to conventional therapy 3. Moderately to severely active pediatric Crohn's disease who have had an inadequate response to corticosteroids or immunomodulators such as azathioprine, 6-mercaptopurine or methotrexate 4. Moderate to severe hidradenitis suppurative (Hurley Stage II or III or Acne Inversa Severity Index score ≥ 10) 5. Moderately to severely active polyarticular juvenile idiopathic arthritis 6. Active psoriatic arthritis 7. Moderate to severe chronic plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate 8. Moderately to severely active rheumatoid arthritis 9. Moderately to severely active ulcerative colitis who have had an inadequate response to immunosuppressants such as corticosteroids, azathioprine or 6-mercaptopurine (6-MP) 10. Non-infectious intermediate, posterior and panuveitis
	Age (years)*	1. ≥ 18 2. ≥ 18 3. ≥ 6 4. ≥ 18 5. ≥ 2 6. ≥ 18 7. ≥ 18 8. ≥ 18 9. ≥ 18 10. ≥ 18
	Safety Criteria	N/A
Ilaris® (canakinumab) - Pharmacy - Professional	Indication	1. Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) 2. Familial Mediterranean Fever (FMF) 3. Active systemic juvenile idiopathic arthritis 4. Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD) 5. Tumor Necrosis Factor Receptor (TNF) Associated Periodic Syndrome (TRAPS)
	Age (years)*	1. ≥ 4 2. N/A 3. ≥ 2 4. N/A 5. N/A
	Safety Criteria	➤ Patient must not be taking another IL-1 blocking agent (i.e. Arcalyst) within the past 30 days
Illumya™ (tildrakizumab-asmn) - Pharmacy - Professional	Indication	Moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy
	Age (years)*	≥ 18
	Safety Criteria	N/A

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TABLE 2 (CONT.). IMMUNOMODULATORS FOR INFLAMMATORY CONDITIONS – MEDICATION-SPECIFIC CRITERIA.

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Inflectra® (infliximab-dyyb) - Professional	Indication/Use	<ol style="list-style-type: none"> Active ankylosing spondylitis Moderately to severely active Crohn's disease in adults who have had an inadequate response to conventional Crohn's disease therapy or had a contraindication, allergy or intolerable side effect to conventional therapy; OR fistulizing Crohn's disease in adults Moderately to severely active Crohn's disease in pediatric patients who have had an inadequate response to conventional Crohn's disease therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy Psoriatic arthritis Chronic severe plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate Moderately to severely active rheumatoid arthritis, in combination with methotrexate Moderately to severely active ulcerative colitis who have had an inadequate response to conventional ulcerative colitis therapy or have had a contraindication, allergy or intolerable side effect to conventional therapy
	Age (years)*	<ol style="list-style-type: none"> ≥ 18 ≥ 18 ≥ 6 ≥ 18 ≥ 18 ≥ 18 ≥ 18
	Safety Criteria	N/A
Ixifi™ (infliximab-qbtx) - Professional	Indication/Use	<ol style="list-style-type: none"> Active ankylosing spondylitis Moderately to severely active Crohn's disease in adults who have had an inadequate response to conventional Crohn's disease therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy; OR fistulizing Crohn's disease in adults Moderately to severely active Crohn's disease in pediatric patients who have had an inadequate response to conventional Crohn's disease therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy Psoriatic arthritis Chronic severe plaque psoriasis who are candidates for systemic therapy or phototherapy, and when other systemic therapies are medically less appropriate OR has taken oral agents for the treatment of plaque psoriasis Moderately to severely active rheumatoid arthritis, in combination with methotrexate Moderately to severely active ulcerative colitis who have had an inadequate response to conventional ulcerative colitis therapy or have had a contraindication, allergy or intolerable side effect to conventional therapy
	Age (years)*	<ol style="list-style-type: none"> ≥ 18 ≥ 18 ≥ 6 ≥ 18 ≥ 18 ≥ 18 ≥ 18
	Safety Criteria	N/A
Kevzara® (sarilumab) - Pharmacy - Professional	Indication/Use	Moderately to severely active rheumatoid arthritis who have had an inadequate response or intolerance to one or more disease-modifying antirheumatic drugs (DMARDs)
	Age (years)*	≥ 18
	Safety Criteria	➤ Patient must not have any of the following laboratory abnormalities prior to initiation of therapy: ANC < 2,000 cells/mm ³ , platelets < 150,000 cells/mm ³ , liver transaminases > 1.5 times the upper limit of normal. Patient must also not have active hepatic disease or hepatic impairment (including patients with positive HBV or HCV serology).
Kineret® (anakinra) - Pharmacy - Professional	Indication/Use	<ol style="list-style-type: none"> Moderately to severely active rheumatoid arthritis who have failed (i.e. inadequate response, contraindication, allergy or intolerable side effect) one or more disease modifying antirheumatic drugs (DMARDs) Cryopyrin-Associated Periodic Syndromes (CAPS) <ol style="list-style-type: none"> Neonatal-Onset Multisystem Inflammatory Disease (NOMID)
	Age (years)*	<ol style="list-style-type: none"> ≥ 18 Pediatric patients with NOMID
	Safety Criteria	➤ Patient must have a complete blood count, including neutrophil count prior to therapy initiation

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TABLE 2 (CONT.). IMMUNOMODULATORS FOR INFLAMMATORY CONDITIONS – MEDICATION-SPECIFIC CRITERIA.

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Olumiant® (baricitinib) - Pharmacy	Indication/Use	Moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more TNF antagonist therapies
	Age (years)*	≥ 18
	Safety Criteria	➤ Patient must not have any of the following laboratory abnormalities prior to therapy initiation: hemoglobin < 8 g/dL, absolute lymphocyte count < 500 cells/mm ³ , ANC < 1,000 cells/mm ³ ➤ Must not be used in combination with potent immunosuppressants, such as azathioprine and cyclosporine
Orencia® (abatacept) - Pharmacy - Professional	Indication/Use	1. Moderately to severely active polyarticular juvenile idiopathic arthritis 2. Active psoriatic arthritis 3. Moderately to severely active rheumatoid arthritis
	Age (years)*	1. ≥ 2 2. ≥ 18 3. ≥ 18
	Safety Criteria	N/A
Otezla® (apremilast) - Pharmacy	Indication/Use	1. Active psoriatic arthritis 2. Moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy
	Age (years)*	≥ 18
	Safety Criteria	N/A
Remicade® (infliximab) - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Moderately to severely active Crohn's disease in adults who have had an inadequate response to conventional Crohn's disease therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy; OR fistulizing Crohn's disease in adults 3. Moderately to severely active Crohn's disease in pediatric patients who have had an inadequate response to conventional Crohn's disease therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy 4. Psoriatic arthritis 5. Chronic severe plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate 6. Moderately to severely active rheumatoid arthritis, in combination with methotrexate 7. Moderately to severely active ulcerative colitis who have had an inadequate response to conventional ulcerative colitis therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy
	Age (years)*	1. ≥ 18 2. ≥ 18 3. ≥ 6 4. ≥ 18 5. ≥ 18 6. ≥ 18 7. ≥ 6
	Safety Criteria	N/A
Renflexis® (infliximab-abda) - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Moderately to severely active Crohn's disease in adults who have had an inadequate response to conventional Crohn's disease therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy; OR fistulizing Crohn's disease in adults 3. Moderately to severely active Crohn's disease in pediatric patients who have had an inadequate response to conventional Crohn's disease therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy 4. Psoriatic arthritis 5. Chronic severe plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate 6. Moderately to severely active rheumatoid arthritis, in combination with methotrexate 7. Moderately to severely active ulcerative colitis who have had an inadequate response to conventional ulcerative colitis therapy or have a documented contraindication, allergy or intolerable side effect to conventional therapy
	Age (years)*	1. ≥ 18 2. ≥ 18 3. ≥ 6 4. ≥ 18 5. ≥ 18 6. ≥ 18 7. ≥ 18
	Safety Criteria	N/A

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TABLE 2 (CONT.). IMMUNOMODULATORS FOR INFLAMMATORY CONDITIONS – MEDICATION-SPECIFIC CRITERIA.

MEDICATION	MEDICATION-SPECIFIC CRITERIA	
Rituxan® (rituximab) - Professional	Indication/Use	1. Moderate to severe Pemphigus Vulgaris (PV) 2. Moderate to severe active rheumatoid arthritis, in combination with methotrexate who have documentation of inadequate response to one or more TNF antagonists 3. Wegener's Granulomatosis (Granulomatosis with Polyangiitis (GPA)) and Microscopic Polyangiitis (MPA) in combination with glucocorticoids
	Age (years)*	≥ 18
	Safety Criteria	➤ Prior to initiation of therapy and every 2-4 months, the following laboratory tests must be completed: CBC and platelets
Siliq® (brodalumab) - Pharmacy - Professional	Indication/Use	Moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy and have failed to respond or have lost response to other systemic therapies
	Age (years)*	≥ 18
	Safety Criteria	➤ Patient must not have concurrent Crohn's disease ➤ Prescriber, pharmacy and patient must be enrolled in the REMS program
Simponi® (golimumab) - Pharmacy - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Active psoriatic arthritis 3. Moderately to severely active rheumatoid arthritis, in combination with methotrexate (unless patient has a contraindication to methotrexate) 4. Moderate to severe ulcerative colitis who is corticosteroid dependent and has an inability to taper corticosteroids without a return of ulcerative colitis symptoms OR has had an inadequate response to or failed to tolerate oral aminosaliclates, oral corticosteroids, azathioprine, or 6-mercaptopurine
	Age (years)*	≥ 18
	Safety Criteria	N/A
Simponi Aria® (golimumab) - Professional	Indication/Use	1. Active ankylosing spondylitis 2. Active psoriatic arthritis 3. Moderately to severely active rheumatoid arthritis, in combination with methotrexate (unless patient has a contraindication to methotrexate)
	Age (years)*	≥ 18
	Safety Criteria	N/A
Stelara® (ustekinumab) - Pharmacy - Professional	Indication/Use	1. Moderately to severely active Crohn's disease who have failed or were intolerant to treatment with immunomodulators or corticosteroids, but never failed a TNF antagonist, OR failed or were intolerant to treatment with one more TNF antagonist 2. Active psoriatic arthritis 3. Moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy
	Age (years)*	1. ≥ 18 2. ≥ 18 3. ≥ 12
	Safety Criteria	➤ For all indications, except Crohn's Disease – Dose must not exceed 45 mg/injection. If prescriber is seeking 90 mg per dose, documentation of the patient's weight is required and/or that the 45-mg dose has not been efficacious
Taltz® (ixekizumab) - Pharmacy - Professional	Indication/Use	1. Active psoriatic arthritis 2. Moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy
	Age (years)*	≥ 18
	Safety Criteria	➤ Patient must not have concurrent Crohn's disease or ulcerative colitis
Tremfya® (guselkumab) - Pharmacy - Professional	Indication/Use	Moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy and must have failed to respond or lost response to other systemic therapies for the treatment of plaque psoriasis
	Age (years)*	≥ 18
	Safety Criteria	N/A
Tysabri® (natalizumab) - Professional	Indication/Use	Moderately to severely active Crohn's disease with evidence of inflammation who have had an inadequate response to, or is unable to tolerate conventional Crohn's disease therapy and TNF antagonists <i>*For a diagnosis of multiple sclerosis disease, please see the Multiple Sclerosis Agents criteria</i>
	Age (years)*	≥ 18
	Safety Criteria	➤ Prescriber, patient and infusion center must be registered with the TOUCH prescribing program ➤ Must not be used in combination with immunosuppressants

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TABLE 2 (CONT.). IMMUNOMODULATORS FOR INFLAMMATORY CONDITIONS – MEDICATION-SPECIFIC CRITERIA.

MEDICATION		MEDICATION-SPECIFIC CRITERIA
Xeljanz® (tofacitinib) - Pharmacy	Indication/Use	1. Active psoriatic arthritis who have had an inadequate response or intolerance to methotrexate or other disease-modifying antirheumatic drugs (DMARDs) 2. Moderately to severely active rheumatoid arthritis who have had an inadequate response to or intolerance to methotrexate 3. Moderately to severely active ulcerative colitis
	Age (years)*	≥ 18
	Safety Criteria	➤ Prior to initiation of therapy and every 3 months, the patient must have the following laboratory tests checked: lymphocyte count, absolute neutrophil count and hemoglobin ➤ Must not be used in combination with potent immunosuppressants, such as azathioprine and cyclosporine
Xeljanz XR® (tofacitinib) - Pharmacy	Indication/Use	1. Active psoriatic arthritis who have had an inadequate response or intolerance to methotrexate or other disease-modifying antirheumatic drugs (DMARDs) 2. Moderately to severely active rheumatoid arthritis who have had an inadequate response to or intolerance to methotrexate 3. Moderately to severely active ulcerative colitis
	Age (years)*	≥ 18
	Safety Criteria	➤ Prior to initiation of therapy and every 3 months, the patient must have the following laboratory tests checked: lymphocyte count, absolute neutrophil count and hemoglobin ➤ Must not be used in combination with potent immunosuppressants, such as azathioprine and cyclosporine

TABLE 3. BIOLOGIC AGENTS/JANUS KINASE INHIBITORS (AGENTS NOT TO BE USED CONCURRENTLY AND WITHIN THE LAST 30 DAYS)

BIOLOGIC AGENTS/JANUS KINASE INHIBITORS		
Actemra® (tocilizumab)	Ilaris® (canakinumab)	Renflexis® (infliximab-abda)
Amevive® (alefacept)	Ilumya™ (tildrakizumab-asmn)	Rituxan® (rituximab)
Amjevita™ (adalimumab-atto)	Inflectra® (infliximab-dyyb)	Siliq® (brodalumab)
Cimzia® (certolizumab)	Ixifi™ (infliximab-qbtix)	Simponi®, Simponi Aria (golimumab)
Cosentyx® (secukinumab)	Kevzara® (sarilumab)	Stelara® (ustekinumab)
Cyltezo™ (adalimumab-adbm)	Kineret® (anakinra)	Taltz® (ixekizumab)
Enbrel® (etanercept)	Olumiant® (baricitinib)	Tremfya® (guselkumab)
Entyvio® (vedolizumab)	Orencia® (abatacept)	Tysabri® (natalizumab)
Erelzi™ (etanercept-szzs)		Xeljanz®, Xeljanz XR® (tofacitinib)
Humira® (adalimumab)	Remicade® (infliximab)	

TABLE 4. NON-BIOLOGIC DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

NON-BIOLOGIC DMARDs	
GENERIC NAME	BRAND NAME
Azathioprine	Imuran®
Hydroxychloroquine	Plaquenil®
Leflunomide	Arava®
Methotrexate	Trexall®
Sulfasalazine	Azulfidine®

TABLE 5. CONVENTIONAL CROHN'S DISEASE THERAPIES

CONVENTIONAL CROHN'S DISEASE THERAPIES	
GENERIC NAME	BRAND NAME
Azathioprine	Azasan®, Imuran®
Budesonide	Entocort®
Cortisone	Cortone®
Dexamethasone	Baycadron®, Decadron®, Dexone®, DexPak®, Hexadrol®, Zema-Pak®
Hydrocortisone	Cortef®, Hydrocortone®
Mercaptopurine	Purinethol®
Mesalamine	Apriso®, Asacol®, Canasa®, Fiv-Asa®, Lialda®, Pentasa®, Rowasa®, SF-Rowasa®
Methotrexate	Trexall®, Rheumatrex®
Methylprednisone	Medrol®, Meprolone UniPak®, MethylPred®
Prednisolone	Bubbli-Pred®, MilliPred®, OraPred®, PediaPred®, Prelone®, VeriPred®
Prednisolone/Peak Flow Meter	AsmaPred Plus®
Prednisone	Deltasone®, Meticorten®, Orasone®, Prednicen-M®, SteraPred®
Sulfasalazine	Azulfidine®, Sulfazine®

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TABLE 6. CONVENTIONAL ULCERATIVE COLITIS THERAPIES

CONVENTIONAL ULCERATIVE COLITIS THERAPIES	
GENERIC NAME	BRAND NAME
Azathioprine	Azasan®, Imuran®
Balsalazide	Colazal®
Budesonide	Uceris®
Cortisone	Cortone®
Dexamethasone	Baycadron®, Decadron®, Dexone®, DexPak®, Hexadrol®, Zema-Pak®
Hydrocortisone	Cortef®, Hydrocortone®
Mercaptopurine	Purinethol®
Mesalamine	Apriso®, Asacol®, Canasa®, Fiv-Asa®, Lialda®, Pentasa®, Rowasa®, SF-Rowasa®
Methylprednisolone	Medrol®, Meprolone UniPak®, MethylPred®
Prednisolone	Bubbli-Pred®, MilliPred®, OraPred®, PediaPred®, Prelone®, VeriPred®
Prednisolone/Peak Flow Meter	AsmalPred Plus®
Prednisone	Deltasone®, Meticorten®, Orasone®, Prednicen-M®, SteraPred®
Sulfasalazine	Azulfidine®, Sulfazine®

TABLE 7. ORAL PLAQUE PSORIASIS THERAPY

ORAL PLAQUE PSORIASIS THERAPY	
GENERIC NAME	BRAND NAME
Acitretin	Soriatane®
Cyclosporine	Sandimmune®
Methotrexate	Trexall®, Rheumatrex®

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE